

Name: _____ ID: _____ Date: _____

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES**

Prior Written Notice: Revocation of Consent for HISD Special Education Services

34 CFR §300.503, 300.9 & 300.300

19 TAC§89.1050

The purpose of this Notice is to provide the parent/adult student with information to make an informed decision when considering the written withdrawal of consent for special education services and provide information regarding the implications of this decision. The school considered the continuation of special education services but rejected that option because the parent/adult student revoked consent for special education.

There are many rights and protections offered to students receiving special education services that are not available to students in general education. Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. Eligibility for special education is determined on the basis of evaluations which assess the need for specialized instruction designed to benefit in a public school setting. A copy of the *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities* can be obtained from the Houston Independent School District (HISD) website and your child's campus.

I understand that in withdrawing my consent for my child/myself to continue to receive special education it carries the following implications listed below: (*Place your initials next to each statement to acknowledge that you understand the content of this Notice*).

_____ I/My child will be dismissed from special education and will no longer receive any special education or related services.

_____ I/My child will no longer be considered to have a disability under the Individuals with Disabilities Education Act (IDEA) and will only receive services from general education.

_____ I/My child will be educated in all general education classes and will not have the benefit of special education accommodations, modifications, specialized instruction, or related services. All instruction will be provided on grade level and I/my child will be held to the same accountability standards as any other non-disabled student.

_____ My/My child's educational progress will meet the same promotion/retention standards applicable to students in general education. This will include, but may not be limited to, the achievement of a passing score on the State of Texas Assessments of Academic Readiness (STAAR) and any other state or district criteria for students in general education.

_____ I understand I/my child must meet promotion standards.

_____ I/My child will be required to meet all graduation requirements, including the achievement of a passing score on the exit level STAAR. If I/my child cannot achieve a passing score on the exit level STAAR, I/my child may not be able to graduate and receive a diploma through general education.

_____ I/My child will be expected to follow the HISD Code of Student Conduct and will be subject to the same expectations and regular discipline consequences of non-disabled students. If, after dismissal from special education, HISD proposes to discipline me/my child in a manner that involves removal to a disciplinary alternative education program or expulsion and I decide to seek an evaluation to determine eligibility for special education, HISD will be deemed to have no knowledge of my/my child's suspected disability and may implement the discipline pending a new evaluation to determine eligibility.

_____ If I/my child have/has already received special education and related services; the District is not required to amend my/my child's education records to remove any references to the receipt of special education and related services because of the revocation of consent.

_____ I understand that the provision of any instructional and related services not completed as stated in any previous ARD/IEP report shall cease on the date of the signature of this form and will not be provided by the school district. This includes any compensatory services, request for independent education evaluations (IEE), any services agreed to as part of any resolution session agreements, settlement agreements, and any services ordered by an impartial hearing officer as a result of any due process hearing that may have been filed.

_____ I understand that any future consideration for services in special education will require initiation of the referral process and evaluation of my/my child's current performance levels.

_____ I understand that my revocation of consent releases HISD from liability for providing a Free Appropriate Public Education (FAPE) under IDEA to myself/my child from the time I revoke consent for special education and related services until the time, if any, that I/my child am/is evaluated and deemed eligible, once again, for special education and related services.

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If you have questions regarding this *Notice* or need to obtain assistance in understanding special education issues, you may contact your Special Education Senior Manager or Special Education Program Specialist.

Your signature below indicates that you understand the contents of this *Prior Written Notice: Revocation of Consent for HISD Special Education Services* and that you understand the statements above and are withdrawing your consent for the provision of special education and related services. Additionally, you fully understand the consequence of your withdrawal of consent and are in agreement with the termination of special education services effective five days from the date that you sign this agreement. *This time period may be waived if indicated by your initials next to the statement below:*

_____ I waive the five-day period between the signing of this Notice and the effective date so the revocation is immediately effective.

Parent/Adult Student Printed Name

Parent/Adult Student Signature

Date

Interpreter Printed Name (if applicable)

Interpreter Signature (if applicable)

Date

School Personnel Printed Name (Required)

School Personnel Signature (Required)

Date